I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
PHYSICAL EXAMINATION FORM

Name: ____________________________ Date of birth: ____________________________

Date of recent immunizations: Td Tdap Hep B Varicella HPV Meningococcal

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt and use a helmet?

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
<th>BP (reference gender/height/age chart)**/</th>
<th>Pulse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision R 20/</td>
<td>L 20/</td>
<td>Corrected: Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MEDICAL

<table>
<thead>
<tr>
<th>Appearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eyes/ears/nose/throat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils equal</td>
</tr>
<tr>
<td>Gross Hearing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lymph nodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
</tr>
<tr>
<td>Murmurs (auscultation standing, supine, +/- Valsalva)</td>
</tr>
<tr>
<td>Location of point of maximal impulse (PMI)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simultaneous femoral and radial pulses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lungs</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abdomen</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Genitourinary (males only)**</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSV, lesions suggestive of MRSA, tinea corporis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurologic***</th>
</tr>
</thead>
</table>

MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Neck</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Back</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Shoulder/arm</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Elbow/forearm</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Wrist/hand/fingers</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hip/thigh</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Knee</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Leg/ankle</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Foot/toes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Functional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duck-walk, single leg hop</td>
</tr>
</tbody>
</table>

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider GU exam if in private setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion. ****Chart found in: The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents. Pediatric BP mobile application can also be used.

- [ ] Cleared for all sports without restriction
- [ ] Cleared for all sports without restriction with recommendations for further evaluation or treatment for ______________________________________________________

- [ ] Not cleared
  - [ ] Pending further evaluation
  - [ ] For any sports
  - [ ] For certain sports __________________________________________________________________________________________________________________

  *Reason _________________________________________________________________________________________________________________________

  Recommendations ___________________________________________________________________________________________________________________________

I have examined the above-named student and student history and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of healthcare provider (print/type): ____________________________ Date: ________________

Address: __________________________________________ Phone: _______________________

Signature of healthcare provider: ____________________________ Type: MD, DO, DC, PA-C, APRN (please circle one)


Rev. 1/15
ATTENTION PARENTS AND STUDENTS
KSHSAA ELIGIBILITY CHECK LIST

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student to be eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official KSHSAA Handbook which is distributed annually and is available at your school principal's office.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

Rule 7  Physical Evaluation - Parental Consent—Students shall have passed the attached evaluation and have the written consent of their parents or legal guardian.

Rule 14  Bona Fide Student—Eligible students shall be a bona fide undergraduate member of his/her school in good standing.

Rule 15  Enrollment/Attendance—Students must be regularly enrolled and in attendance not later than Monday of the fourth week of the semester in which they participate.

Rule 16  Semester Requirements—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.

Rule 17  Age Requirements—Students are eligible if they are not 19 years of age (16, 15 or 14 for junior high or middle school student) on or before August 1 of the school year in which they compete.

Rule 19  Undue Influence—The use of undue influence by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.

Rules 20/21  Amateur and Awards Rules—Students are eligible if they have not competed under a false name or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.

Rule 22  Outside Competition—Students may not engage in outside competition in the same sport during a season in which they are representing their school.

NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.

Rule 25  Anti-Fraternity—Students are eligible if they are not members of any fraternity or other organization prohibited by law or by the rules of the KSHSAA.

Rule 26  Anti-Tryout and Private Instruction—Students are eligible if they have not participated in training sessions or tryouts held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.

Rule 30  Seasons of Sport—Students are not eligible for more than four seasons in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.
To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician’s assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.

**Parent or Guardian Consent**

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

The above named student and I have read the KSHSAA Eligibility Check List and how to retain eligibility information listed in this form.

---

### For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a negative response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. *(Schools shall process a Certificate of Transfer Form T-E on all transfer students.)*

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

1. ☐ ☐ Are you a bona fide student in good standing in school? (If there is a question, your principal will make that determination.)
2. ☐ ☐ Did you pass at least five new subjects (those not previously passed) last semester? *(The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.)*
3. ☐ ☐ Are you planning to enroll in at least five new subjects (those not previously passed) of unit weight this coming semester? *(The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.)*
4. ☐ ☐ Did you attend this school or a feeder school in your district last semester? *(If the answer is “no” to this question, please answer Sections a and b.)*
   a. Do you reside with your parents?
   b. If you reside with your parents, have they made a permanent and bona fide move into your school’s attendance center?

The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

<table>
<thead>
<tr>
<th>Parent or Guardian’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Signature</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>Birth Date</td>
</tr>
</tbody>
</table>
ELIGIBILITY/ CERTIFICATION INFORMATION

THIS INFORMATION IS REQUIRED BY THE KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION AND MUST BE ON FILE IN THE ATHLETIC OFFICE BEFORE A STUDENT IS ELIGIBLE TO TAKE PART IN PRACTICE OR GAMES AT DERBY MIDDLE SCHOOL/DERBY HIGH SCHOOL.

ATHLETE’S NAME__________________________ DATE OF BIRTH__________ GRADE______

STREET ADDRESS____________________________________ PHONE______________

CITY, STATE, ZIP________________________________________________________________

PHYSICAL DATE____________ ENROLLMENT DATE___________________________

MALE/FEMALE______ HEIGHT______________________ WEIGHT____________________

NUMBER OF SEMESTERS IN MIDDLE/HIGH SCHOOL _________ (EXAMPLE:Beginning 7th grade (1), 8th grade (3), 9th grade (1), 10th grade (3), 11th grade (5), 12th grade (7))

IS THE PARTICIPANT A TRANSFER STUDENT (New to this district)?
____________________

IS THE STUDENT CURRENTLY ENROLLED IN AT LEAST 5 NEW SUBJECTS?
____________________

DID THE STUDENT FAIL MORE THAN ONE CLASS LAST SEMESTER?
____________________

SPORT/PROGRAM IN WHICH THE STUDENT PLANS TO PARTICIPATE:
____________________

-----------------------------------------------------------------------------------------------

ACKNOWLEDGEMENT OF RISK

I UNDERSTAND THAT I MAY AT ANY TIME RECEIVE AN INJURY WHILE PARTICIPATING IN THE DERBY MIDDLE SCHOOL/DERBY HIGH SCHOOL ACTIVITIES PROGRAM AND I WILL NOT HOLD THE SCHOOL OR SCHOOL AUTHORITIES RESPONSIBLE. (STUDENT UNDERSTANDS)

AS A PARENT OR GUARDIAN I UNDERSTAND THAT MY STUDENT MAY AT ANY TIME RECEIVE AN INJURY WHILE PARTICIPATING IN THE DERBY MIDDLE SCHOOL/DERBY HIGH SCHOOL ACTIVITIES PROGRAM, AND I WILL NOT HOLD THE SCHOOL OR SCHOOL AUTHORITIES RESPONSIBLE. (PARENT UNDERSTANDS)

BY AFFIXING MY SIGNATURE BELOW, I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

SIGNED_____________________________ SIGNED______________________________
(PARENT OR GUARDIAN SIGNATURE) (STUDENT SIGNATURE)

DATE________________________________
INSURANCE INFORMATION

The Board of Education of Derby Unified School District 260 does not carry a school activity insurance policy. We find the majority of our students are being covered by some form of family plan. A catastrophic insurance policy is provided by our membership in the Kansas State High School Activities Association (KSHSAA). The catastrophic injury insurance policy protects students while participating in, practicing for, or traveling to or from an interschool activity, supervised by the school and conducted under association regulations and jurisdiction. This is a $10,000 deductible policy with a maximum coverage of $1,000,000.

All students going out for Athletic/Activity participation must carry personal health and accident insurance!

FAMILY INSURANCE INFORMATION

We, the parents of ________________________________, know and understand that Derby Middle School/Derby High School does not provide personal health and accident insurance for students. We grant permission by our signature below for our child to participate in school activities and will not hold the district responsible for payment of injuries. Our son/daughter is covered by the policy listed below:

INSURANCE COMPANY ________________________________________________

POLICY NUMBER ________________________________

_____________________________________________  __________________
(PARENT OR GUARDIAN SIGNATURE)  (DATE)

******NOTE
THIS COPY MUST BE ON FILE WITH THE ATHLETIC OFFICE BEFORE YOUR CHILD IS ELIGIBLE FOR ATHLETIC/ACTIVITY PARTICIPATION.

ACKNOWLEDGEMENT OF ATHLETIC POLICY

I have received, read and understand the DMS/DHS standard of conduct for athletic/activity participation and any other attached supporting guidelines.

By signing the below signatures, I hereby certify that I have read and understand and agree to the above statements.

SIGNED ________________________________  SIGNED ________________________________
(PARENT OR GUARDIAN SIGNATURE)  (STUDENT SIGNATURE)
This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- Headaches
- Pressure in head
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- Don’t feel right
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

### Signs observed by teammates, parents, and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Adapted from the CDC and the 3rd International Conference in Sport

### What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well
known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child’s coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

**Cognitive Rest & Return to Learn**

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student’s medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

**Return to Practice and Competition**

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete’s return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:


For concussion information and educational resources collected by the KSHSAA, go to:


<table>
<thead>
<tr>
<th>Student-athlete Name Printed</th>
<th>Student-athlete Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent or Legal Guardian Printed</th>
<th>Parent or Legal Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
I. Statement of Purpose and Intent:

Athletic and Activity opportunities are an important part of our school’s total program. Participation in these areas and the training it provides usually leads to further individual success, molding our young men and women into tomorrow’s leaders.

Participation in extra-curricular activities/athletics at Derby Middle School/Derby High School is a privilege requiring the most exemplary form of student behavior, extending beyond that required for normal school attendance. It is the responsibility of all coaches and athletes to represent the high school/middle school utilizing the highest standards of behavior. Excellence of achievement will be accomplished by students of excellent character.

The purpose of this policy is to spell out negative behaviors and consequences for such actions.

I. Consequences:

1. Strike One Offense - 5 day suspension from practices/games beginning immediately following a conference with the athletic director and coach.
2. Strike Two Offense – Removal from the team for the remainder of the season.
3. Strike Three Offense – No more participation in activities/athletics for the remainder of the school year.

**NOTE: If an offense is considered major enough, the administration may go directly to strike three! This list of rules is very general! Anything not listed here will be dealt with on an individual basis.

II. Rules:

Violations of any of these rules will result in the 1, 2, or 3 strike consequences:

1. Hazing of student participants.
2. Possession of/or being under the influence of drugs, alcohol, tobacco products, or steroids.
3. Exhibiting a lack of respect for school personnel.
4. Violations of city, county, state, or federal law.
5. **NOTE:** A felony may result in forfeiture of athletics/activity participation for the entire school year (directly to Strike Three!).
6. In general, don’t do anything that would reflect negatively on your team, activity, school, or coaches.

***YOU MUST SIGN AND RETURN THIS FORM BEFORE YOU CAN PARTICIPATE IN ATHLETICS AND/OR ACTIVITIES. BY SIGNING THIS FORM YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD THE RULES.

SIGNED: ______________________  SIGNED ______________________
(Athlete)   (Parent)
**Emergency Information - Please Print**

<table>
<thead>
<tr>
<th>Homeroom</th>
<th>Sport(s)</th>
<th>Grade</th>
<th>Parent's (Guardian) Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Birthdate</th>
<th>Home Telephone</th>
<th>Address</th>
<th>Phone No. of Parent During the Day: Father</th>
<th>Mother</th>
<th>Cell Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

In an emergency if parents cannot be contacted:

<table>
<thead>
<tr>
<th>Notify</th>
<th>At</th>
<th>(Name)</th>
<th>(Phone No.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Doctor</th>
<th>Doctor's Phone</th>
<th>Preferred Hospital</th>
<th>Known Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Form #235 revised 7/07

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1. We give our consent for school staff to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached: YES _______ NO _______

2. (If Applicable) The team physician and coach may apply first aid treatment until the family doctor can be contacted: YES _______ NO _______

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Insured Party</th>
<th>(Name under which policy is issued)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Signature of Parent or Guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments

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PARENTS PLEASE NOTE: School staff and coaches (if applicable) will carry this information and will be available in case of medical emergency.

Form #235 revised 7/07